

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TENNESSEE

Chandra A. Brown  
v.  
Volkswagen Group  
of America

NO. 1:17-cv-192 JRG/CHS  
(To be assigned by the Clerk's Office.  
Do not write in this blank.)

APPLICATION TO PROCEED IN FORMA PAUPERIS  
WITH SUPPORTING DOCUMENTATION

I, Chandra A. Brown, declare that I am the:

- ☒ plaintiff/petitioner  
☐ defendant/respondent  
☐ Other: \_\_\_\_\_

**FILED**  
JUL 07 2017  
Clerk, U. S. District Court  
Eastern District of Tennessee  
At Chattanooga

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

I was the victim of a hostile work environment, retaliation and a constructive discharge. I am currently unemployed but actively seeking employment, after relocating to Chicago, IL in May 2017.

In further support of this application, I answer the following questions:

**PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA**

NAME (First Middle Last) YEAR OF BIRTH  
Chandra Ann Brown 1966  
SOCIAL SECURITY NUMBER (last 4 digits only) PHONE NOS.

2724 205-245-3764  
HOME ADDRESS:

1423 W. Fargo Avenue Chicago, IL 60626  
OWN OR RENT? HOW LONG AT CURRENT ADDRESS?

Rent (1 Room) 1 month  
MARITAL STATUS:

Single  
NAME AND ADDRESS OF CURRENT EMPLOYER:

Unemployed

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what you do);

IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH.

GROSS: NET:

IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT: May 2017

HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT:

\$31,200 (annually) \$2,400/month (gross)

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES  
WITHIN THE PAST TWELVE MONTHS?

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Business, professional or other form of self-employment?    ☐ Yes    ☒ No

If YES, state the source and amount:

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Rent payments, interest, or dividends?    ☐ Yes    ☒ No

If YES, state the source and amount:

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Pensions, annuities, or life insurance payments?    ☐ Yes    ☒ No

If YES, state the source and amount:

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Gifts or inheritance?    ☐ Yes    ☒ No

If YES, state the source and amount:

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Any other source?    ☐ Yes    ☒ No

If YES, state the source and amount:

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**ASSETS:**

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LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL VALUE

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CASH \$ 5.89

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CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) \$ 0.62  
(Do NOT include account numbers)

Wells Fargo

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SAVINGS ACCOUNTS-TOTAL BALANCE (List Banks Below) \$ 5.00  
(Do NOT include account numbers)

Wells Fargo

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STOCKS AND BONDS \$ 0

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REAL ESTATE-CURRENT FAIR MARKET VALUE  
(List Locations Below)

\_\_\_\_\_ \$ 0

\_\_\_\_\_ \$ 0

\_\_\_\_\_ \$ 0

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**TOTAL REAL ESTATE** \$ 0

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VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

Queen Bedroom Set                      \$ 1,200.00  
Queen Bedroom Set                      \$ 700.00  
Table + 6 Chairs                      \$ 500.00

**TOTAL PERSONAL PROPERTY**                      \$ 2,400.00

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MOTOR VEHICLES

Year/Make	License No.	Current Value
<u>2011/E350</u>	<u>9020AV5 (AL)</u>	\$ <u>21,000.00</u>
_____	_____	\$ _____
_____	_____	\$ _____

**TOTAL VALUE OF MOTOR VEHICLES**                      \$ 21,000.00

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DEBTS OWED TO YOU (Give Name of Debtor)

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____

**TOTAL DEBTS OWED TO YOU**                      \$ 0

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OTHER ASSETS (ITEMIZE)

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____

**TOTAL OTHER ASSETS**                      \$ 0

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**TOTAL OFF ALL ASSETS:** \$ 23,400.00

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**LIABILITIES**  
**(DO NOT INCLUDE ACCOUNT NUMBERS)**

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NOTES (LOANS) PAYABLE TO BANKS (List bank name and amount of loan only)

Navient (Student Loans)     \$ 49,000.00

Nelnet (Student Loans)     \$ 48,000.00

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LOANS PAYABLE TO BANKS**     \$ 97,000.00

NOTES (LOANS) PAYABLE TO OTHERS	\$ <u>0</u>
MORTGAGES PAYABLE ON REAL ESTATE	\$ <u>0</u>
CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS	\$ <u>0</u>
MEDICAL BILLS	\$ <u>0</u>
TAXES AND ASSESSMENTS PAYABLE	\$ <u>0</u>
OTHER LIABILITIES (Itemize)	

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES**     \$ 97,000.00

## LIVING EXPENSES

	Monthly Payment	Balance Owing
<input checked="" type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE PAYMENT (check one)	\$ 500.00	\$ _____
ELECTRICITY	\$ 0	\$ _____
WATER	\$ 0	\$ _____
GAS	\$ 0	\$ _____
TELEPHONE	\$ 70.00	\$ _____
FOOD	\$ 200.00	\$ _____
ALIMONY	\$ 0	\$ _____
CHILD SUPPORT	\$ 0	\$ _____
CHILD CARE	\$ 0	\$ _____
SCHOOL EXPENSES	\$ 0	\$ _____
AUTOMOBILE NOTE	\$ 465.61	\$ 21,000.00
AUTOMOBILE INSURANCE	\$ 227.00	\$ _____
AUTOMOBILE REPAIRS	\$ 0	\$ _____
GASOLINE	\$ 80.00	\$ _____
FURNITURE NOTE	\$ 0	\$ _____
CLOTHING	\$ 0	\$ _____
CABLE TELEVISION	\$ 0	\$ _____
LIFE INSURANCE	\$ 0	\$ _____
HOSPITALIZATION INSURANCE	\$ 0	\$ _____
DOCTORS	\$ 0	\$ _____
DRUGS	\$ 0	\$ _____
CREDIT CARDS	\$ 0	\$ _____
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ 0	\$ _____
TAXES	\$ 0	\$ _____
ANY OTHER EXPENSES (LIST)		
Storage Unit Fees	\$ 155.00	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>		\$ 1,697.61

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**SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA**

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NAME (First                      Middle                      Last)                      YEAR OF BIRTH

N/A

SOCIAL SECURITY NUMBER (last 4 digits only)

PHONE NOS.

HOME ADDRESS (if different from yours):

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what your spouse does):

SPOUSE'S CURRENT MONTHLY INCOME:

Salary or Wages                      \$ \_\_\_\_\_

Commissions                      \$ \_\_\_\_\_

All other sources (Pensions; Soc.Sec.;  
Rent; Interest; Dividends; Alimony, etc.)                      \$ \_\_\_\_\_

**TOTAL:**                      \$ \_\_\_\_\_



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**NAME OF DEPENDENTS AND INCOME (If any)**  
**(For Minor Children, only provide first initials)**

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Names:	Age:	Relationship:	Living With Whom?
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TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING  
CHILD SUPPORT PAYMENTS (exclude spouse)

\$ 0

**TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE,  
AND DEPENDENTS**

\$ 0

**AFFIDAVIT**

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

July 3, 2017                      Chandra A. Brown  
DATE                                      SIGNATURE

Created:            January 31, 2007  
IPF Application.wpd